FRISHAUF, HOLTZ, GOODMAN, LANGER & CHICK, P.C.

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J1055 U.S. PTO

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**Preliminary Amendment** [] Verified Statement(s) Claiming Small Entity Status

[X]Change of Correspondence Address (Form PTO/SB/122)

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|                    | Number Filed    | Number Extra Rate           | Calculations |
|--------------------|-----------------|-----------------------------|--------------|
| Total Claims       | <u>15</u> -20 = | x \$18.00 =                 | \$           |
| Independent Claims | _3 -3 =         | x \$80.00 =                 | \$           |
| MULTIPLE DEPEND    | ENT CLAIMS      | + \$270.00 =                | \$           |
|                    |                 | BASIC FEE                   | \$ 710.00    |
|                    |                 |                             | t            |
|                    | •               | Total of above Calculations | \$ 719.00    |

To the extent not tendered by check, authorization is given to charge any fees under 37 CFR 1.16 and 1.17 during pendency of the application, or to credit any overpayment, to Deposit Account No. 06-1378. Duplicate copy of this letter is enclosed.

By:

LH:bv

LEONARD HOLTZ Reg. No. 22,974

20231

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Date of Deposit: June 14, 2001

FRISHAUF, HOLTZ, GOODMAN, LANGER & CHICK, P.C.

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| CORRESPONDENCE ADDRESS   | Filing Date                      | Herewith  |
| Application  | First Named Inventor             | T. TAKEDA   |
| Address to:  | Group Art Unit                   |   |
| Assistant Commissioner for Patents   | Examiner Name                    |   |
| Washington, D.C. 20231   | Attorney Docket Number           | 01362/LH  |
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| Name Leonard Holtz, Reg. No. 22,974   |   |          |             |     |                         |  |  |  |
| Signature   |   |          |             |     |                         |  |  |  |
|   | e 14/2001   |          |             |     |                         |  |  |  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.  |   |          |             |     |                         |  |  |  |
| *Total offorms are submitted.   |   |          |             |     |                         |  |  |  |

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